



Infant/Preschool/K4 Application

2016/2017

7422 Deer Branch Road ~ Roanoke, VA 24019 ~ Phone 540-563-5140 ~ Fax 540-563-2557 ~ www.mylifeacademy.org

Enrolling In: ___ Infant (6 weeks - 23 months) ___ Preschool 2's ___ Preschool 3's ___ K4
 (Only full-time offered for infants) Please Choose One: ___ 4-5 days per week
 ___ 2-3 days per week

Projected Start Date: _____ Previous Day Care: _____

Child's Information

Child's Full Name:	(Last)	(First)	(Middle)
Address:	(Street)		
	(City)	(State)	(Zip)
Main Phone:	()	Male/Female:	
Date of Birth:			

Parent/Guardian Information

Person(s) Responsible for Tuition:	(Last)	(First)
If not Parent/Guardian:	(Phone)	(Email) (Relationship to child)
Parent/Guardian Name:	(Last)	(First)
Address:	(Street)	
	(City)	(State) (Zip)
Phone:	(Home) (Work)	(Cell)
Employer:		
Email: (REQUIRED)		
Parent/Guardian Name:	(Last)	(First)
Address:	(Street)	
	(City)	(State) (Zip)
Phone:	(Home) (Work)	(Cell)
Employer:		
Email: (REQUIRED)		
Church Where Family Attends:	(Pastor)	

NOTE: If parents are divorced or separated, a copy of court ordered custody and/or visitation agreement must be submitted.

All Authorized Persons Allowed To Pick Up Your Child

Name:		Phone:	
Name:		Phone:	
Name:		Phone:	
Name:		Phone:	

Medical Information

Name of closest relative not living with child (Cannot be a parent)			
Address:	(Street)		
	(City)	(State)	(Zip)
Phone:	(Home)	(Work)	(Cell)
Allergies/Restricted Diet or other special instructions:			
Physician's Name:			Phone: <input type="text"/>
Insurance Company:			
Check All That Apply:			
<input type="checkbox"/>	My child is being treated for an injury or sickness and/or taking any form of medication. Please specify.		
<input type="checkbox"/>	My child cannot swim.		
<input type="checkbox"/>	My child is physically handicapped in a way that prevents him/her from participating in rigorous activity. Please specify.		
<input type="checkbox"/>	My child has been diagnosed with a learning disability or other special needs about which the staff of Life Academy needs to know to better meet his/her needs. Please specify.		

How did you hear about Life Academy? ___ Billboard ___ Friend ___ Website ___ Other: _____
 Name of Friend (if applicable): _____

I, the undersigned, being the parent or legal guardian of the child named on this application, do hereby consent to the participation of my child in any and all field trips (including riding the school van/bus) planned by Life Academy (7422 Deer Branch Road, Roanoke, Virginia) for as long as my child is enrolled. I also certify my child is physically fit and adequately trained to participate in such events unless noted above. I understand that I will be notified in the case of a medical emergency involving my child; however, in the event that I cannot be reached, I authorize provisions to be made concerning my child's health should he/she become injured or sick. I understand that Life Academy will not be responsible for medical expenses incurred, but I will be financially responsible for the treatment. I agree to notify Life Academy verbally and in writing of any changes to my child's health status.

I have read and will comply with the Preschool Handbook (available on the school website) and the financial policies stated on the Infant/Preschool/K4 Rate Schedule.

I hereby grant to Life Academy and to its employees, agents and assigns the right to photograph my dependent and use the photo and/or other digital reproduction of him/her or other reproduction of his/her physical likeness for publication processes, whether electronic, print, digital or electronic publishing via the internet.

 (Parent/Guardian Signature)

 (Date)

NOTE: A copy of your child's birth certificate, immunization records, social security card (or notarized social security document), and recent physical exam must be on file in the office prior to starting program.